

<i>SERFF Tracking Number:</i>	<i>WAUS-125566396</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Employers Insurance Company of Wausau, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>MSF-CW-004-08</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Various lines of business</i>		
<i>Project Name/Number:</i>	<i>Terrorism Policyholder Disclosure Notices in accordance with the Terrorism Prgm Reauthorization Act of 2007/MSF-CW-004-08</i>		

## Filing at a Glance

Companies: Employers Insurance Company of Wausau, Wausau Business Insurance Company, Wausau Underwriters Insurance Company

Product Name: Various lines of business	SERFF Tr Num: WAUS-125566396	State: Arkansas
TOI: 35.0 Interline Filings	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 35.0002 Commercial Interline Filings	Co Tr Num: MSF-CW-004-08	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Jill Schroeder	Disposition Date: 03/31/2008
	Date Submitted: 03/21/2008	Disposition Status: Approved
Effective Date Requested (New):		Effective Date (New): 03/31/2008
Effective Date Requested (Renewal):		Effective Date (Renewal): 03/31/2008

State Filing Description:

## General Information

Project Name: Terrorism Policyholder Disclosure Notices in accordance with the Terrorism Prgm Reauthorization Act of 2007

Project Number: MSF-CW-004-08	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 03/31/2008	
State Status Changed: 03/31/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
INFORMATIONAL ONLY	

TERRORISM

PROJECT #MSF-CW-004-08

*SERFF Tracking Number:* WAUS-125566396 *State:* Arkansas  
*First Filing Company:* Employers Insurance Company of Wausau, ... *State Tracking Number:* EFT \$50  
*Company Tracking Number:* MSF-CW-004-08  
*TOI:* 35.0 Interline Filings *Sub-TOI:* 35.0002 Commercial Interline Filings  
*Product Name:* Various lines of business  
*Project Name/Number:* Terrorism Policyholder Disclosure Notices in accordance with the Terrorism Prgm Reauthorization Act of 2007/MSF-CW-004-08

EMPLOYERS INSURANCE COMPANY OF WAUSAU NAIC-0111-21458  
WAUSAU UNDERWRITERS INSURANCE COMPANY NAIC-0111-26042  
WAUSAU BUSINESS INSURANCE COMPANY NAIC-0111-26069

EQUIPMENT BREAKDOWN  
BUSINESSOWNERS  
COMMERCIAL GENERAL LIABILITY  
COMMERCIAL INLAND MARINE  
COMMERCIAL PROPERTY  
COMMERCIAL UMBRELLA

TERRORISM COMPANY POLICYHOLDER DISCLOSURE NOTICES

2008 TRIA FORM D PRIMARY WAUSAU – APPLIES TO ALL LINES OF BUSINESS EXCEPT COMMERCIAL UMBRELLA

2008 TRIA FORM D UMBRELLA WAUSAU - APPLIES TO COMMERCIAL UMBRELLA ONLY. APPLIES TO EMPLOYERS INSURANCE COMPANY OF WAUSAU ONLY

COMPANY POLICYHOLDER NOTICE - EN9048 01-08 – APPLIES TO ALL LINES OF BUSINESS

The captioned companies submit Policyholder Disclosure Notices applicable to all lines of business in accordance with the Terrorism Risk Insurance Act.

The captioned companies submit Policyholder Disclosure Notices, 2008 TRIA Form D Primary and 2008 TRIA Form D Umbrella are applicable to lines of business in accordance with the Terrorism Risk Insurance Program Reauthorization Act of 2007.

Consistent with the Act and the Interim Guidelines established by the Treasury Department, we are also submitting Disclosure - Terrorism Risk Insurance Act, EN9048 01-08 applicable to all lines of business, which will be included in policies where applicable.

SERFF Tracking Number: WAUS-125566396 State: Arkansas  
First Filing Company: Employers Insurance Company of Wausau, ... State Tracking Number: EFT \$50  
Company Tracking Number: MSF-CW-004-08  
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings  
Product Name: Various lines of business  
Project Name/Number: Terrorism Policyholder Disclosure Notices in accordance with the Terrorism Prgm Reauthorization Act of 2007/MSF-CW-004-08

This filing is submitted for informational purposes only.

Please acknowledge/approve this filing submission.

Sincerely,

Jill Schroeder  
State Filings Analyst  
1-877-792-8728, Ext. 8922  
Fax: 1-715-842-6828  
Jill.Schroeder@wausau.com  
Enclosure

## Company and Contact

### Filing Contact Information

Jill Schroeder, State Filing Analyst  
P O Box 8017  
Wausau, WI 54402-8017  
jill.schroeder@wausau.com  
(877) 792-8728 [Phone]  
(715) 842-6828[FAX]

### Filing Company Information

Employers Insurance Company of Wausau	CoCode: 21458	State of Domicile: Wisconsin
P O Box 8017	Group Code: 111	Company Type:
Wausau, WI 54402-8017	Group Name:	State ID Number:
(877) 792-8728 ext. [Phone]	FEIN Number: 39-0264050	

Wausau Business Insurance Company	CoCode: 26069	State of Domicile: Wisconsin
P O Box 8017	Group Code: 111	Company Type:
Wausau, WI 54402-8017	Group Name:	State ID Number:
(877) 792-8728 ext. [Phone]	FEIN Number: 36-3522250	

Wausau Underwriters Insurance Company	CoCode: 26042	State of Domicile: Wisconsin
P O Box 8017	Group Code: 111	Company Type:
Wausau, WI 54402-8017	Group Name:	State ID Number:

*SERFF Tracking Number:*      *WAUS-125566396*      *State:*      *Arkansas*  
*First Filing Company:*      *Employers Insurance Company of Wausau, ...*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *MSF-CW-004-08*  
*TOI:*      *35.0 Interline Filings*      *Sub-TOI:*      *35.0002 Commercial Interline Filings*  
*Product Name:*      *Various lines of business*  
*Project Name/Number:*      *Terrorism Policyholder Disclosure Notices in accordance with the Terrorism Prgm Reauthorization Act of 2007/MSF-CW-004-08*

(877) 792-8728 ext. [Phone]

FEIN Number: 39-1341459

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*SERFF Tracking Number:*      *WAUS-125566396*      *State:*      *Arkansas*  
*First Filing Company:*      *Employers Insurance Company of Wausau, ...*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *MSF-CW-004-08*  
*TOI:*      *35.0 Interline Filings*      *Sub-TOI:*      *35.0002 Commercial Interline Filings*  
*Product Name:*      *Various lines of business*  
*Project Name/Number:*      *Terrorism Policyholder Disclosure Notices in accordance with the Terrorism Prgm Reauthorization Act of 2007/MSF-CW-004-08*

## **Filing Fees**

**Fee Required?**      Yes  
**Fee Amount:**      \$50.00  
**Retaliatory?**      No  
**Fee Explanation:**      \$50 form filing  
**Per Company:**      No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Employers Insurance Company of Wausau	\$50.00	03/21/2008	18858532
Wausau Business Insurance Company	\$0.00	03/21/2008	
Wausau Underwriters Insurance Company	\$0.00	03/21/2008	

<i>SERFF Tracking Number:</i>	<i>WAUS-125566396</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Various lines of business</i>		
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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Llyweyia Rawlins	03/31/2008	03/31/2008

SERFF Tracking Number:	WAUS-125566396	State:	Arkansas
First Filing Company:	Employers Insurance Company of Wausau, ...	State Tracking Number:	EFT \$50
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TOI:	35.0 Interline Filings	Sub-TOI:	35.0002 Commercial Interline Filings
Product Name:	Various lines of business		
Project Name/Number:	Terrorism Policyholder Disclosure Notices in accordance with the Terrorism Prgm Reauthorization Act of 2007/MSF-CW-004-08		

## Disposition

Disposition Date: 03/31/2008  
Effective Date (New): 03/31/2008  
Effective Date (Renewal): 03/31/2008  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: WAUS-125566396 State: Arkansas

First Filing Company: Employers Insurance Company of Wausau, ... State Tracking Number: EFT \$50

Company Tracking Number: MSF-CW-004-08

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Various lines of business

Project Name/Number: Terrorism Policyholder Disclosure Notices in accordance with the Terrorism Prgm Reauthorization Act of 2007/MSF-CW-004-08

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	expedited form	Approved	Yes
Form	POLICYHOLDER DISCLOSURE NOTICE NOTICE OF OFFER TO PURCHASE TERRORISM INSURANCE	Approved	Yes
Form	POLICYHOLDER DISCLOSURE NOTICE NOTICE OF OFFER TO PURCHASE TERRORISM INSURANCE	Approved	Yes
Form	DISCLOSURE-TERRORISM RISK INSURANCE ACT	Approved	Yes



SERFF Tracking Number: WAUS-125566396 State: Arkansas

First Filing Company: Employers Insurance Company of Wausau, ... State Tracking Number: EFT \$50

Company Tracking Number: MSF-CW-004-08

TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings

Product Name: Various lines of business

Project Name/Number: Terrorism Policyholder Disclosure Notices in accordance with the Terrorism Prgm Reauthorization Act of 2007/MSF-CW-004-08

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	POLICYHOLDER DISCLOSURE NOTICE OF OFFER TO PURCHASE TERRORISM INSURANCE	2008 TRIA01 08 Form D Primary Wausau		Disclosure/ New Notice		0.00	Form D Primary all lob exp Umb.pdf
Approved	POLICYHOLDER DISCLOSURE NOTICE OF OFFER TO PURCHASE TERRORISM INSURANCE	2008 TRIA01 08 Form D Umbrella Wausau		Disclosure/ New Notice		0.00	Form D Umb only.pdf
Approved	DISCLOSURE-TERRORISM RISK INSURANCE ACT	EN9048 01 08		Disclosure/ New Notice		0.00	EN9048 all lob's.pdf



TYPE DATE

Type Policyholder Name  
Type Policyholder Address

Policy Number: Type Policy Number

Effective: Type Eff. Date

## **POLICYHOLDER DISCLOSURE NOTICE**

### **NOTICE OF OFFER TO PURCHASE TERRORISM INSURANCE**

**This notice contains important information about the Terrorism Risk Insurance Act and your option to purchase terrorism insurance coverage. Please read it carefully.**

#### **THE TERRORISM RISK INSURANCE ACT**

The Terrorism Risk Insurance Act ("TRIA" or the "Act"), including all amendments, establishes a program to spread the risk of catastrophic losses from certain acts of terrorism between insurers and the federal government. If an individual insurer's losses from a "certified act of terrorism" exceed a specified deductible amount, the government will reimburse the insurer for 85% of losses paid in excess of the deductible, but only if aggregate industry losses from such an act exceed \$100 million. An insurer that has met its insurer deductible is not liable for any portion of losses in excess of \$100 billion per year. Similarly, the federal government is not liable for any losses covered by the Act that exceed this amount. If aggregate insured losses exceed \$100 billion, losses up to that amount may be pro-rated, as determined by the Secretary of the Treasury.

#### **MANDATORY OFFER OF COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" and DISCLOSURE OF PREMIUM**

TRIA requires insurers to offer coverage for losses resulting from "certified acts of terrorism" that could otherwise be excluded, and to specify the premium for this coverage. You have the option to accept or reject this coverage. A "certified act of terrorism" means:

[A]ny act that is certified by the Secretary [of the Treasury], in concurrence with the Secretary of State, and the Attorney General of the United States

- (i) to be an act of terrorism;
- (ii) to be a violent act or an act that is dangerous to –

- (I) human life;
- (II) property; or
- (III) infrastructure;

(iii) to have resulted in damage within the United States, or outside of the United States in the case of –

- (I) an air carrier (as defined in section 40102 of title 49, United States Code) or United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States); or
- (II) the premises of a United States mission; and

(iv) to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

## **HOW THE ACT AFFECTS YOUR POLICY AND WHAT YOU MUST DO**

### **SELECTION OR REJECTION OF OPTIONAL TERRORISM INSURANCE COVERAGE**

You have the option of purchasing coverage for losses resulting from “certified acts of terrorism.” The premium for optional terrorism coverage is in addition to any mandatory premium shown on the attached Terrorism Coverage Election Form. Coverage for losses from “certified acts of terrorism” is still subject to, and may be limited by, all other terms, conditions, and exclusions contained in your policy.

The premium charge for this coverage for the policy period is \$ ***[Insert Price - Current TRIA Rates for Full Policy Term]***.

If you reject this offer, you will not be covered for losses resulting from “certified acts of terrorism.”

Please indicate on the attached Coverage Election Form whether you accept or reject this offer. If we do not receive a completed Terrorism Coverage Election Form from you, coverage for “certified acts of terrorism” will be excluded from your policy.

## TERRORISM COVERAGE ELECTION FORM

Type Policyholder Name  
Policy Number: Type Policy/Quote No.  
Effective: Type Eff. Date

PLEASE INDICATE YOUR ELECTION TO ACCEPT OR REJECT THIS OFFER BELOW:

- ☐ I hereby elect to purchase coverage for "certified acts of terrorism" for the policy period for \$ .  
***[Insert Price current rates for policy period, plus any mandatory premium]***
- ☐ I hereby reject this offer of coverage for the policy period. I understand that by rejecting this offer, I will have no coverage for losses arising from "certified acts of terrorism."

### **MANDATORY PREMIUM DISCLOSURE STATEMENT**

Fire insurance is mandatory in some states. The premium charge for fire losses that result from "certified acts of terrorism" and occur in states that require this coverage is \$ and is included in the total premium amount shown above. This mandatory premium will be charged whether you accept or reject terrorism coverage. ***[Drafting Note: Insert mandatory premium component for policy period or "Not Applicable" if certified act exclusion applicable to all exposures and no other statutorily mandated coverage is provided].***

### **POLICYHOLDER ACKNOWLEDGEMENT**

I hereby acknowledge that I have received Notice of TRIA, the federal share of compensation for "certified acts of terrorism," the premium charge for losses covered by TRIA, and the Company's limit of liability should losses covered by TRIA exceed \$100 billion.

\_\_\_\_\_  
Policyholder/Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**The summary of the Act and the coverage under your policy contained in this notice is necessarily general in nature. Your policy contains specific terms, definitions, exclusions and conditions. In case of any conflict, your policy language will control the resolution of all coverage questions. Please read your policy carefully.**

If you have any questions regarding this notice, please contact your sales representative, agent, or broker.



TYPE DATE

Type Policyholder Name  
Type Policyholder Address

Policy Number: Type Policy Number

Effective: Type Eff. Date

## **POLICYHOLDER DISCLOSURE NOTICE**

### **NOTICE OF OFFER TO PURCHASE TERRORISM INSURANCE**

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A "certified act of terrorism" means:

[A]ny act that is certified by the Secretary [of the Treasury], in concurrence with the Secretary of State, and the Attorney General of the United States

- (i) to be an act of terrorism;

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- (I) human life;
- (II) property; or
- (III) infrastructure;

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- (I) an air carrier (as defined in section 40102 of title 49, United States Code) or United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States); or
- (II) the premises of a United States mission; and

(iv) to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

## **HOW THE ACT AFFECTS YOUR POLICY AND WHAT YOU MUST DO**

### **SELECTION OR REJECTION OF OPTIONAL TERRORISM INSURANCE COVERAGE**

You have the option of purchasing coverage for losses resulting from “certified acts of terrorism” where it could otherwise be excluded. This offer pertains only to those lines of business covered by TRIA and, more specifically, does not apply to commercial automobile insurance. This offer is also expressly conditioned upon your acceptance of coverage for “certified acts of terrorism” on all underlying insurance policies that are subject to TRIA or, where applicable, the existence of such coverage on all TRIA eligible lines for which you self insure. If you reject TRIA coverage on your primary liability policies, you must also reject it on your Umbrella, Excess, or Umbrella Excess policy.

The premium charge for this coverage for the policy period is \$ ***[Insert Price - Current TRIA Rates for Full Policy Term]***

If you reject this offer, you will not be covered for losses resulting from “certified acts of terrorism.”

Please indicate on the attached Coverage Election Form whether you accept or reject this offer. If we do not receive a completed Terrorism Coverage Election Form from you, coverage for “certified acts of terrorism” will be excluded from your policy.

## TERRORISM COVERAGE ELECTION FORM

Type Policyholder Name  
Policy Number: Type Policy/Quote No.  
Effective: Type Eff. Date

PLEASE INDICATE YOUR ELECTION TO ACCEPT OR REJECT THIS OFFER BELOW:

- ☐ I hereby elect to purchase coverage for "certified acts of terrorism" for the policy period for \$ .  
***[Insert Price current rates for policy period, plus any mandatory premium].***
- ☐ I hereby reject this offer of coverage for the policy period. I understand that by rejecting this offer, I will have no coverage for losses arising from "certified acts of terrorism."

### **POLICYHOLDER ACKNOWLEDGEMENT**

I hereby acknowledge that I have received notice of TRIA, the federal share of compensation for "certified acts of terrorism," the premium charge for losses covered by TRIA, and the Company's limit of liability should losses covered by TRIA exceed \$100 billion.

\_\_\_\_\_  
Policyholder/Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**The summary of the Act and the coverage under your policy contained in this notice is necessarily general in nature. Your policy contains specific terms, definitions, exclusions and conditions. In case of any conflict, your policy language will control the resolution of all coverage questions. Please read your policy carefully.**

If you have any questions regarding this notice, please contact your sales representative, agent, or broker.

## **DISCLOSURE - TERRORISM RISK INSURANCE ACT**

### **THIS ENDORSEMENT IS MADE PART OF YOUR POLICY PURSUANT TO THE TERRORISM RISK INSURANCE ACT.**

In accordance with the Terrorism Risk Insurance Act, including all amendments, ("TRIA" or the "Act"), we are required to provide you with a notice of the portion of your premium attributable to coverage for "certified acts of terrorism," the federal share of payment of losses from such acts, and the limitation or "cap" on our liability under the Act.

#### **Disclosure of Premium**

The Company has made available coverage for "certified acts of terrorism" as defined in the Act. If purchased, the portion of your premium attributable to coverage for "certified acts of terrorism" is shown in the Declarations, Declarations Extension Schedule or elsewhere by endorsement in your policy.

#### **Federal Participation In Payment Of Terrorism Losses**

If an individual insurer's losses exceed a deductible amount specified in the Act, the federal government will reimburse the insurer for 85% of losses paid in excess of the deductible, provided that aggregate industry losses from a "certified act of terrorism" exceed \$100 million.

#### **Cap On Insurer Participation In Payment Of Terrorism Losses**

If aggregate insured losses attributable to "certified acts of terrorism" exceed \$100 billion in a calendar year and we have met our deductible under the Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion. Nor shall Treasury make any payment for any portion of the amount of such losses that exceeds \$100 billion. In such case, insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.



<i>SERFF Tracking Number:</i>	<i>WAUS-125566396</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Employers Insurance Company of Wausau, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>MSF-CW-004-08</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
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## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: WAUS-125566396 State: Arkansas  
First Filing Company: Employers Insurance Company of Wausau, ... State Tracking Number: EFT \$50  
Company Tracking Number: MSF-CW-004-08  
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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty  
**Review Status:** Approved 03/31/2008

**Comments:**

**Attachments:**

CW Trans Doc for all lob's.pdf  
CW Form Filing Schedule all lob's.pdf

**Satisfied -Name:** expedited form  
**Review Status:** Approved 03/31/2008

**Comments:**

**Attachment:**

CW all lob's F215\_Expedited Filing Transmittal Terrorism.pdf

# Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">a. Date the filing is received:</td></tr> <tr><td colspan="2">b. Analyst:</td></tr> <tr><td colspan="2">c. Disposition:</td></tr> <tr><td colspan="2">d. Date of disposition of the filing:</td></tr> <tr><td colspan="2">e. Effective date of filing:</td></tr> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> <tr><td colspan="2">f. State Filing #:</td></tr> <tr><td colspan="2">g. SERFF Filing #:</td></tr> <tr> <td>h. Subject Codes</td> <td></td> </tr> </table>	a. Date the filing is received:		b. Analyst:		c. Disposition:		d. Date of disposition of the filing:		e. Effective date of filing:		New Business		Renewal Business		f. State Filing #:		g. SERFF Filing #:		h. Subject Codes	
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h. Subject Codes																					

<b>3. Group Name</b>	<b>Group NAIC #</b>
Wausau Insurance Companies	111

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Employers Insurance Company of Wausau	WI	21458	39-0264050	
Wausau Underwriters Insurance Company	WI	26042	39-1341459	
Wausau Business Insurance Company	WI	26069	36-3522250	


<b>5. Company Tracking Number</b>	MSF-CW-004-08
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Jill Schroeder PO BOX 8017 WAUSAU WI 54402-8017	State Filings Analyst	877-792-8728 Ext 8922	715-842-6828	jill.schroeder@ausau.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Jill Schroeder

**Filing information** (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	35.0 Interline
10. Sub-Type of Insurance (Sub-TOI)	35.0002 Commercial Interline
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Terrorism Policyholder Disclosure Notices in accordance with the Terrorism Prgm Reauthorization Act of 2007
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: _____ Renewal: _____
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	

<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

### Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	MSF-CW-004-08
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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#### INFORMATIONAL ONLY

#### TERRORISM

PROJECT #MSF-CW-004-08

EMPLOYERS INSURANCE COMPANY OF WAUSAU	NAIC-0111-21458
WAUSAU UNDERWRITERS INSURANCE COMPANY	NAIC-0111-26042
WAUSAU BUSINESS INSURANCE COMPANY	NAIC-0111-26069

#### EQUIPMENT BREAKDOWN

#### BUSINESSOWNERS

#### COMMERCIAL GENERAL LIABILITY

#### COMMERCIAL INLAND MARINE

#### COMMERCIAL PROPERTY

#### COMMERCIAL UMBRELLA

#### TERRORISM COMPANY POLICYHOLDER DISCLOSURE NOTICES

2008 TRIA FORM D PRIMARY WAUSAU – APPLIES TO ALL LINES OF BUSINESS EXCEPT COMMERCIAL UMBRELLA

2008 TRIA FORM D UMBRELLA WAUSAU - APPLIES TO COMMERCIAL UMBRELLA ONLY. APPLIES TO EMPLOYERS INSURANCE COMPANY OF WAUSAU ONLY

COMPANY POLICYHOLDER NOTICE - EN9048 01-08 – APPLIES TO ALL LINES OF BUSINESS

The captioned companies submit Policyholder Disclosure Notices applicable to all lines of business in accordance with the Terrorism Risk Insurance Act.

The captioned companies submit Policyholder Disclosure Notices, 2008 TRIA Form D Primary and 2008 TRIA Form D Umbrella are applicable to lines of business in accordance with the Terrorism Risk Insurance Program Reauthorization Act of 2007.

Consistent with the Act and the Interim Guidelines established by the Treasury Department, we are also submitting Disclosure - Terrorism Risk Insurance Act, EN9048 01-08 applicable to all lines of business, which will be included in policies where applicable.

This filing is submitted for informational purposes only.

Please acknowledge/approve this filing submission.

Sincerely,

Jill Schroeder  
State Filings Analyst  
1-877-792-8728, Ext. 8922  
Fax: 1-715-842-6828  
Jill.Schroeder@wausau.com  
Enclosure

**22. Filing Fees** (Filer must provide check # and fee amount if applicable)  
[If a state requires you to show how you calculated your filing fees, place that calculation below]

**Check #:**  
**Amount:**

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)  
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>		<b>MSF-CW-004-08</b>		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	POLICYHOLDER DISCLOSURE NOTICE NOTICE OF OFFER TO <del>PURCHASE</del> TERRORISM	2008 TRIA Form D Primary Wausau 01-08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	POLICYHOLDER DISCLOSURE NOTICE NOTICE OF OFFER TO <del>PURCHASE</del> TERRORISM	2008 TRIA Form D Umbrella Wausau 01-08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	DISCLOSURE-TERRORISM RISK INSURANCE ACT	EN9048 01-08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

**EXPEDITED FILING TRANSMITTAL DOCUMENT  
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) \_\_\_\_\_

Indicate Type of Filing
<input checked="" type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Employers Insurance Company of Wausau	WI	21458	39-0264050
Wausau Underwriters Insurance Company	WI	26042	39-1341459
Wausau Business Insurance Company	WI	26069	36-3522250

**Contact Info for Filer**

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Jill Schroeder PO Box 8017, Wausau WI 54402-8017	877-792-8728 Ext: 8922	715-842-6828	jill.schroeder@ausau.com

**Filing information**

<b>Line of Insurance</b> (see attachment)	Equipment Breakdown, Businessowners, Comm. GL, Comm. Inland Marine, Comm. Property, Comm. Umbrella
<b>Company Program Title</b> (Marketing title) (if applicable)	
<b>Filing Type ** see note below</b>	Disclosure Notices
<b>This application is used with:</b>	
<b>Effective Date Requested</b>	
<b>Filing date</b>	
<b>Company Tracking Number</b>	MSF-CW-004-08
<b>Date filing approved in domiciliary state, if applicable</b>	Being filed at this time

	<u>Component/Form Name /Description/Synopsis</u>	<u>Form # or Rate Page Include edition date</u>	<u>Replacement Or withdrawn?</u>	<u>If replacement, give form # or rate page(s) it replaces</u>	<u>Previous State Filing Number, if required by state</u>
01	Policyholder Disclosure	2008 TRIA Form D Primary Wausau 01-08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02	Policyholder Disclosure	2008 TRIA Form D Umbrella Wausau 01-08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
03	Policyholder Notice	EN9048 01-08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		

To be complete, a form filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required.
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state;  
and

Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.



Jill Schroeder

State Filings Analyst

Signature

Print Name:

Title: